

044113

DATE	INVOICE NUMBER	MEMO	BALANCE
12/20/2001	12202001E	KRESS 11321-P011C1D6 Advance for Filing Fees for Divisional	370.00
TOTAL			370.00

CHECK DATE 12/21/2001 CHECK NUMBER 000044113

O I P E J U B 1  
OCT 0 2 2002  
PATENT & TRADEMARK OFFICE

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER

044113

**WSM**  
WINSTEAD SECHREST & MINICK  
A Professional Corporation  
Client Advance Account

910 Travis Street  
Suite 2400  
Houston, Texas 77002-5895  
(713) 650-8400

Chase Bank of Texas  
2200 Ross Ave.  
Dallas, Texas 75201  
32-115/1110

PAY: *Three Hundred Seventy and 00/100 Dollars*

NUMBER  
000044113

DATE  
12/21/2001

AMOUNT  
\*\*\*\*\*370.00

TO THE ORDER OF **Director of the United States Patent and Trademark Office**

WINSTEAD SECHREST & MINICK P.C.  
CLIENT ADVANCE ACCOUNT

*Chris Stearn*  
AUTHORIZED SIGNATURE

ORIGINAL CHECK HAS AN ARTIFICIAL WATERMARK ON REVERSE SIDE-HOLD AT AN ANGLE TO VIEW

⑈044113⑈ ⑆111001150⑆ ⑈08805081005⑈

044113

DATE	INVOICE NUMBER	MEMO	BALANCE
12/20/2001	12202001E	KRESS 11321-P011C1D6 Advance for Filing Fees for Divisional	370.00
TOTAL			370.00

CHECK DATE 12/21/2001 CHECK NUMBER 000044113

FILE COPY



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/027,670	12/21/2001	Daniel T. Colbert	11321-P011C1D6

Hugh R. Kress  
2400 Bank One Center  
910 Travis Street  
Houston, TX 77002



CONFIRMATION NO. 1672

## FORMALITIES LETTER



\*OC000000008612523\*

Date Mailed: 08/12/2002

## NOTICE OF INCOMPLETE NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above-identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within **TWO MONTHS** of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)).

The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$130.00 petition fee (37 CFR 1.17(h)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition.

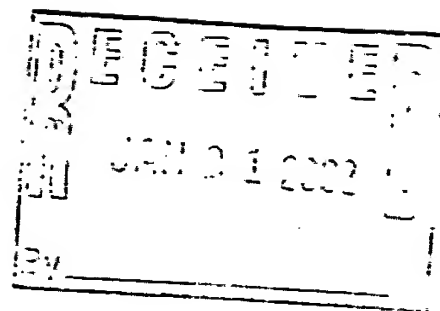
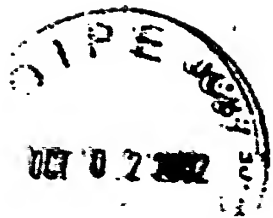
- The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).

*A copy of this notice MUST be returned with the reply.*

  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY



**DOCKETED**  
AMA 1/21/02

DOCKET NO: 11321-P011C1D6 CLIENT (Ref.): Rice ATTY/PRLG HRK/WAW/dr  
Inv/Applicant: Colbert et al. TITLE: Macroscopically Manipulable...

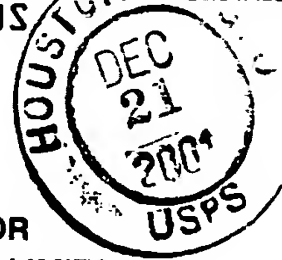
<input checked="" type="checkbox"/> New Patent Application:	<input checked="" type="checkbox"/> Transmittal Letter	App'l/Grant No: _____
<input checked="" type="checkbox"/> App'l Data Sheet	<input checked="" type="checkbox"/> Fee Transmittal	PTO RECEIPT DATE STAMP:
<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Check(s) - \$ <u>370.00</u>	
<input type="checkbox"/> Prov Cvr Sheet	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Check - \$ _____	
<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Maintenance Fee Transmittal	
<input type="checkbox"/> CONT	<input type="checkbox"/> Check - \$ _____	
<input checked="" type="checkbox"/> CIP / DIV	<input type="checkbox"/> PCT Request	
<input type="checkbox"/> CPA / RCE	<input type="checkbox"/> PCT Chapter II Demand	
<input type="checkbox"/> Plant	<input type="checkbox"/> PCT Fee Calculation Sheet	
<input type="checkbox"/> Design	<input type="checkbox"/> APPEAL <input type="checkbox"/> APPEAL BRIEF	
<input type="checkbox"/> PCT	<input type="checkbox"/> Petition-Extension of Time - _____ Months	
<input checked="" type="checkbox"/> Drawing(s) <u>14</u> Sheets	<input type="checkbox"/> PETITION: _____	
<input type="checkbox"/> Gene Sequence	<input type="checkbox"/> FORM _____	
<input type="checkbox"/> Computer Readable	<input type="checkbox"/> FORM _____	
<input type="checkbox"/> Paper Copy	<input type="checkbox"/> Response to FORM _____	
<input checked="" type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Response/Amendment <u>Preliminary Amendment</u>	
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Resp. to Notice: Non-Compliant App'l / Missing Parts / Inv. To Correct Defects	
<input type="checkbox"/> PCT - Original / Copy	<input type="checkbox"/> Request for Correction: _____	
<input type="checkbox"/> Non-Publication Request	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> IDS, PTO/SB/08A-B, # Ref: _____		
<input type="checkbox"/> Assignment - \$ _____	DUE: _____	MAILED: <u>12/21/01</u>
<input type="checkbox"/> Assignment Cvr Sheet		
<input checked="" type="checkbox"/> Mailed Via: EXPRESS MAIL No: <u>EL 765759987 US</u>		OR <input type="checkbox"/> Certificate of Mailing



## POST OFFICE TO ADDRESSEE



EL 765759987 US



SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

Customer Copy  
Label 11-F August 2000

<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code 77201	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in 12/21/04	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 16.25
Time in <input type="checkbox"/> AM <input checked="" type="checkbox"/> 9:15 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 2 lbs. 2 ozs.	MPI Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials [Signature]	Total Postage & Fees \$ 16.25

<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
Customer Signature

<b>CUSTOMER USE ONLY</b>	
<b>METHOD OF PAYMENT:</b> Express Mail Corporate Acct. No. 428228122222	
Federal Agency Acct. No. or Postal Service Acct. No.	
<b>FROM: (PLEASE PRINT)</b> WINSTEAD SECKREST & MINICK 910 TRAVIS ST STE 2400 HOUSTON TX 77002-5814 PHONE (713) 650-2714	<b>TO: (PLEASE PRINT)</b> U.S. Patent and Trademark Office BOX: PATENT APPLICATION Washington, DC 20231 PHONE ( )
<b>FOR PICKUP OR TRACKING CALL 1-800-222-1811</b> <a href="http://www.usps.com">www.usps.com</a>	

DOCKET NO: 1321-P011C1D6 CLIENT (Ref.): Rice ATTY/PRLG HRK/WAW/dr  
Inv/Applicant: C lbert et al. TITLE: Macr scopically Manipulable...



<input checked="" type="checkbox"/> New Patent Application: <input checked="" type="checkbox"/> App'l Data Sheet <input type="checkbox"/> Provisional <input type="checkbox"/> Prov Cvr Sheet <input checked="" type="checkbox"/> Utility <input type="checkbox"/> CONT <input checked="" type="checkbox"/> CIP / DIV <input type="checkbox"/> CPA / RCE <input type="checkbox"/> Plant <input type="checkbox"/> Design <input type="checkbox"/> PCT <input checked="" type="checkbox"/> Drawing(s) 14 Sheets <input type="checkbox"/> Gene Sequence <input type="checkbox"/> Computer Readable <input type="checkbox"/> Paper Copy <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> PCT - Original / Copy <input type="checkbox"/> Non-Publication Request <input type="checkbox"/> IDS, PTO/SB/08A-B, # Ref: <input type="checkbox"/> Assignment - \$ <input type="checkbox"/> Assignment Cvr Sheet <input checked="" type="checkbox"/> Mailed Via: EXPRESS MAIL No:	<input checked="" type="checkbox"/> Transmittal Letter <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check(s) - \$ 370.00 <input type="checkbox"/> Issue Fee <input type="checkbox"/> Check - \$ <input type="checkbox"/> Maintenance Fee Transmittal <input type="checkbox"/> Check - \$ <input type="checkbox"/> PCT Request <input type="checkbox"/> PCT Chapter II Demand <input type="checkbox"/> PCT Fee Calculation Sheet <input type="checkbox"/> APPEAL <input type="checkbox"/> APPEAL BRIEF <input type="checkbox"/> REPLY BRIEF <input type="checkbox"/> Petition-Extension of Time - Months <input type="checkbox"/> Check - \$ <input type="checkbox"/> PETITION: FORM <input type="checkbox"/> FORM <input type="checkbox"/> Response to FORM <input checked="" type="checkbox"/> Response/Amendment Preliminary Amendment <input type="checkbox"/> Resp. to Notice: Non-Compliant App'l / Missing Parts / Inv. To Correct Defects <input type="checkbox"/> Request for Correction: <input type="checkbox"/> OTHER:
DUE: MAILED: 12/21/01	
OR <input type="checkbox"/> Certificate of Mailing	



## POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X77022XXXXX Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) PHONE ( 713 650 2714 WINSTEAD SECHREST & MINICK 910 TRAVIS ST STE 2400 HOUSTON TX 77002-5814 Hugh R. Kress	TO: (PLEASE PRINT) PHONE ( ) U.S. Patent and Trademark Office BOX: PATENT APPLICATION Washington, DC 20231

Mailing Label  
Label 11-F August 2000

F02  
T

177/ 100

11321-P011D6  
PRESS HARD.  
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com





Please print a plus (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	<b>11321-P011C1D6</b>
	<b>First Inventor</b>	<b>Daniel T. COLBERT</b>
	<b>Title</b>	<b>Method for Forming an Array of Single-Wall Carbon Nanotubes in an Electric Field and Compositions</b>
	<b>Express Mail Label No.</b>	<b>EL765759873US</b>

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	---

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification (Total Pages **58**)  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [ Total Sheets **14** ]
5. Oath or Declaration [ Total Pages **6** ]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

#### ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check for filing fees.....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: **10 / 000,746**

Prior application information:

Examiner **Jack I. Berman**

Group Art Unit: **2881**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

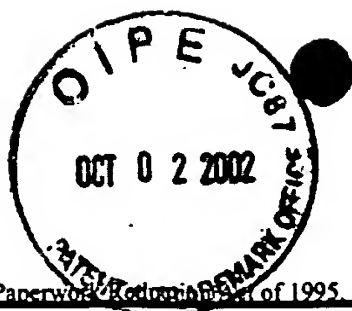
or ☒ Correspondence address below

<b>Name</b>	<b>Winstead Sechrest &amp; Minick, P.C.</b>				
<b>Address</b>	<b>2400 Bank One Center</b>				
	<b>910 Travis Street</b>				
<b>City</b>	<b>Houston</b>	<b>State</b>	<b>TX</b>	<b>Zip Code</b>	<b>77002</b>
<b>Country</b>	<b>US</b>	<b>Telephone</b>	<b>713-650-2714</b>	<b>Fax</b>	<b>713-650-2400</b>

<b>Name (Print/Type)</b>	<b>Hugh R. Kress, Esq.</b>	<b>Registration No. (Attorney/Agent)</b>	<b>36,574</b>
<b>Signature</b>	<b>Hugh R. Kress</b>	<b>Date</b>	<b>21-DEC-2001</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

EL765759873US



Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/06 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 11321-P011C1D6	
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$ 370	
TOTAL CLAIMS (37 CFR 1.16(c))	6 minus 20 =	* 0		x \$ 9 =	0.00	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	* 0		x 42 =	0.00	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ =		
				TOTAL	370.00	
				OR	TOTAL 0.00	
* If the difference in column 1 is less than zero, enter "0" in column 2						
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	
					TOTAL	
				OR	TOTAL	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	
					TOTAL	
				OR	TOTAL	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	
					TOTAL	
				OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".						
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.